WOODSIDE LUTHERAN HOME

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GREEN BAY 54304 Phone: (920) 499-1481		Ownership:	Nonprofit Church
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/04):	156	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	168	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	148	Average Daily Census:	153

Services Provided to Non-Residents	Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/04)	Length of Stay (12/31/04)	%				
Home Health Care Supp. Home Care-Personal Care	Yes	Primary Diagnosis	%	Age Groups	웅	Less Than 1 Year 1 - 4 Years	35.8 43.9			
Supp. Home Care-Household Services	Yes Yes	Developmental Disabilities	0.0	 Under 65	0.7	1 - 4 lears More Than 4 Years	20.3			
Day Services	No	Mental Illness (Org./Psy)	41.9	65 - 74	6.1					
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	29.1		100.0			
Adult Day Care No		Alcohol & Other Drug Abuse	lcohol & Other Drug Abuse				******			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.1	Full-Time Equivalent				
Congregate Meals No		Cancer	2.0			Nursing Staff per 100 Residents				
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)				
Other Meals	No	Cardiovascular	20.3	65 & Over	99.3					
Transportation	Yes	Cerebrovascular	18.2			RNs	11.9			
Referral Service	No	Diabetes	0.7	Gender %		LPNs	9.5			
Other Services	No	Respiratory	1.4			Nursing Assistants,				
Provide Day Programming for		Other Medical Conditions	15.5	Male	26.4	Aides, & Orderlies	45.9			
Mentally Ill	No			Female	73.6					
Provide Day Programming for			100.0							
Developmentally Disabled	No				100.0					
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Method of Reimbursement

		edicare itle 18			edicaid itle 19		Other		Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	응	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	3	3.7	140	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.0
Skilled Care	8	100.0	327	73	90.1	119	0	0.0	0	54	91.5	180	0	0.0	0	0	0.0	0	135	91.2
Intermediate				5	6.2	99	0	0.0	0	5	8.5	180	0	0.0	0	0	0.0	0	10	6.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	-	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		81	100.0		0	0.0		59	100.0		0	0.0		0	0.0		148	100.0

WOODSIDE LUTHERAN HOME

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period					% Needing		Total
			0		_	0 - 17	
Percent Admissions from:		Activities of	8 -		sistance of		Number of
Private Home/No Home Health	5.4	Daily Living (ADL)	Independent	One	Or Two Staff		Residents
Private Home/With Home Health	0.6	Bathing	0.0		63.5	36.5	148
Other Nursing Homes	8.4	Dressing	4.1		75.7	20.3	148
Acute Care Hospitals	72.5	Transferring	8.8		68.2	23.0	148
Psych. HospMR/DD Facilities	0.0	Toilet Use	10.1		68.2	21.6	148
Rehabilitation Hospitals	0.0	Eating	35.8		52.0	12.2	148
Other Locations	13.2	******	******	*****	******	******	*****
Total Number of Admissions	167	Continence		용	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	4.1	Receiving Resp	iratory Care	10.8
Private Home/No Home Health	35.8	Occ/Freq. Incontine	nt of Bladder	73.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.6	Occ/Freq. Incontine	nt of Bowel	35.1	Receiving Suct	ioning	0.0
Other Nursing Homes	2.9	İ			Receiving Osto	my Care	0.7
Acute Care Hospitals	8.1	Mobility			Receiving Tube	Feeding	2.7
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	6.1	Receiving Mech	anically Altered Diets	31.1
Rehabilitation Hospitals	0.0	į -				-	
Other Locations	12.7	Skin Care			Other Resident C	haracteristics	
Deaths	39.9	With Pressure Sores		4.7	Have Advance D	irectives	93.9
Total Number of Discharges		With Rashes		3.4	Medications		
(Including Deaths)	173	İ			Receiving Psyc	hoactive Drugs	60.8

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Non	profit	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	91.1	92.7	0.98	90.2	1.01	90.5	1.01	88.8	1.03
Current Residents from In-County	91.2	84.6	1.08	82.9	1.10	82.4	1.11	77.4	1.18
Admissions from In-County, Still Residing	28.7	20.5	1.40	19.7	1.46	20.0	1.44	19.4	1.48
Admissions/Average Daily Census	109.2	153.0	0.71	169.5	0.64	156.2	0.70	146.5	0.75
Discharges/Average Daily Census	113.1	153.6	0.74	170.5	0.66	158.4	0.71	148.0	0.76
Discharges To Private Residence/Average Daily Census	41.2	74.7	0.55	77.4	0.53	72.4	0.57	66.9	0.62
Residents Receiving Skilled Care	93.2	96.9	0.96	95.4	0.98	94.7	0.99	89.9	1.04
Residents Aged 65 and Older	99.3	96.0	1.03	91.4	1.09	91.8	1.08	87.9	1.13
Title 19 (Medicaid) Funded Residents	54.7	54.6	1.00	62.5	0.88	62.7	0.87	66.1	0.83
Private Pay Funded Residents	39.9	32.6	1.22	21.7	1.84	23.3	1.71	20.6	1.94
Developmentally Disabled Residents	0.0	0.5	0.00	0.9	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	41.9	37.4	1.12	36.8	1.14	37.3	1.12	33.6	1.25
General Medical Service Residents	15.5	20.2	0.77	19.6	0.79	20.4	0.76	21.1	0.74
Impaired ADL (Mean)	55.7	50.1	1.11	48.8	1.14	48.8	1.14	49.4	1.13
Psychological Problems	60.8	58.4	1.04	57.5	1.06	59.4	1.02	57.7	1.05
Nursing Care Required (Mean)	6.7	7.0	0.96	6.7	0.99	6.9	0.97	7.4	0.90